



Business Name _____

Address _____

City _____ State _____ Zip _____

MEAL TAX MONTHLY COLLECTION AND REMITTANCE		
<input type="checkbox"/> JANUARY	<input type="checkbox"/> MAY	<input type="checkbox"/> SEPTEMBER
<input type="checkbox"/> FEBRUARY	<input type="checkbox"/> JUNE	<input type="checkbox"/> OCTOBER
<input type="checkbox"/> MARCH	<input type="checkbox"/> JULY	<input type="checkbox"/> NOVEMBER
<input type="checkbox"/> APRIL	<input type="checkbox"/> AUGUST	<input type="checkbox"/> DECEMBER
Total Meal Receipts		\$
Less Non-Taxable Receipts *Attach explanation for Non-Receipts		\$
Receipts Subject To Meals Tax		\$
Meals Tax (2.5% of Receipts)		\$
Less 6% For Tax Collection Fee *(On-Time Remittance Fee)		\$
TOTAL DUE BY THE 20TH OF THE MONTH		\$
10% Penalty (after the 20 th of the month)		\$
10% Interest (after the 30 th of the month)		\$
TOTAL		\$

This report and payment is due on or before the **Twentieth** day of the month following the Month during which the tax was collected. Checks should be made payable to the Town of Herndon. Payment received the **Twentieth** day of the month shall incur a penalty of 10% of the tax due or ten dollars, whichever is greater. In addition to the penalty, interest of 10% per annum shall be assessed on all delinquent meal tax payments. Please remit all payments **777 Lynn Street, Herndon, Virginia 20170-4602**. If you require additional assistance, please call (703) 435-6800 ext.2036.

Sign _____

Print Name _____

Date _____

Phone Number _____